

Survey, Certification and Credentialing
Commission
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Kari M. Bruffett, Secretary
Audrey Sunderraj, Interim Commissioner

Sam Brownback, Governor

PROVIDER NUMBER 175338

December 14, 2015

William Peterson, Administrator
Baldwin Healthcare & Rehab Ctr, LLC
1223 Orchard Lane
Baldwin City, KS 66006-4011

Dear Mr. Peterson,

On December 1, 2015, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging & Disability Services (KDADS) to determine if your facility is in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid program. The survey found the most serious deficiencies in your facility to be "D" level deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

You have submitted a plan of correction in which you have alleged that the deficiencies cited on the above referenced survey have been corrected. Based upon Centers for Medicare and Medicaid (CMS) policy which allows state agency discretion in conducting revisits related to the level of deficiencies cited, KDADS has accepted your allegation of compliance. Therefore, your facility is found to be in substantial compliance based upon your credible allegation of compliance and the submitted plan of correction, effective December 18, 2015. **You must implement each corrective action described in your plan and be in substantial compliance with all regulatory requirements by the referenced date.**

Based upon this decision you will not receive an onsite revisit related to this particular survey. Should the agency receive complaints, allegations of noncompliance, or other information related to the facility's compliance, onsite surveys may be conducted and appropriate remedies imposed.

If you have any questions concerning the information in this letter, please contact me at (785) 296-1265.

A handwritten signature in black ink that reads "Mary Jane Kennedy". The signature is written in a cursive, flowing style.

Mary Jane Kennedy, LBSW
Complaint Coordinator
Survey, Certification and Credentialing
Kansas Department for Aging & Disability Services

c: Susan Fout, RN, Regional Manager

enc: CMS 2567B

